

**New Jersey Department of Health and Senior Services
Office of Emergency Medical Services
APPLICATION FOR APPROVAL OF CONTINUING EDUCATION COURSE**

(All information must be typed or clearly printed and returned to OEMS 30 days prior to program.)

Name of Agency Requesting Approval		Date of Application																	
CONTACT INFORMATION																			
Name of Contact		Telephone Number																	
Address																			
PROGRAM INFORMATION																			
Course Title																			
Instructor/Certification(s) (If initial course offering, must include photocopies of Instructor credentials.)																			
Course Location		County																	
Street Address		City	State Zip Code																
Dates		Time (Use Military Time)																	
This program will be (check one): <input type="checkbox"/> Open to any interested students. <input type="checkbox"/> NOT open to the public (local only)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 20%;">Start Time</th> <th style="width: 20%;">End Time</th> <th style="width: 30%;">Total Time</th> </tr> <tr> <td>Lecture</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Practical</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Break</td> <td></td> <td></td> <td></td> </tr> </table>			Start Time	End Time	Total Time	Lecture				Practical				Break			
			Start Time	End Time	Total Time														
		Lecture																	
		Practical																	
Break																			
Estimated TOTAL Number of Students _____ (Please contact OEMS if scannable sign-in forms are needed.)		Will the program be repeated to cover shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
Has this program been previously approved? <input type="checkbox"/> Yes - Previous approval number: _____ <input type="checkbox"/> No (If this program has not been previously approved, the following must be included with the application): <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <ul style="list-style-type: none"> ● Course Outline and Objectives ● Reference to Text(s) and Pages </div> <div> <ul style="list-style-type: none"> ● Course Schedule ● Written Post-Test </div> <div> <ul style="list-style-type: none"> ● Handouts ● Practical Skills Exam </div> </div>																			
COURSE NOTIFICATION INFORMATION																			
Course information will be available within 30 days on our website, www.state.nj.us/health/ems , in the Education and Training link, under the EMT Continuing Education Courses section. NO OTHER NOTIFICATION WILL BE MADE IF THE COURSE IS APPROVED. Please note: It is the sponsor's sole responsibility to notify OEMS of any changes or discrepancies to the original application.																			

OEMS RESPONSE TO APPLICATION (FOR OFFICIAL USE ONLY)	
This program is APPROVED for _____ ELECTIVE _____ CORE credits # _____ This program is DENIED APPROVAL for the following reason(s): _____ _____ Additional Comments: _____ OEMS Staff: _____ Date Processed: _____	